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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: I20000000088

Date: March 29, 2023	Account#. 12000000000
Name: Claudia Camilus	
Reference #:1944276	
Entity Name: 13001 ASSET HOLDINGCO, LLC	
✓ Articles of Incorporation/Authorization to Transact Busine	ss
Amendment	
Change of Agent	
Reinstatement	
Conversion	
Merger	
Dissolution/Withdrawal	
Fictitous Name	
✓ Other Please provide certify copie	es
Authorized Amount: 155	
Signature:(

-1.212.947.7200

COVER LETTER

TO:

то:	Registration Section Division of Corporations		
CYTO YE	T.C.T. 1300	1 Asset Holdingco, LLC	
SUBJE	Name of Limited Liability Company		
		bility Company for Authorization to Transact Business in Florida," Certificate of above referenced foreign limited liability company to transact business in Florida.	
Please	return all correspondence concerning this m	atter to the following:	
		Kay Caliendo	
	Name of Person		
	Allerand Capital		
	Firm/Company		
	675 W Indiantown Road		
	Address		
	Jupiter, FL 33458		
	City/State and Zip Code		
		kcaliendo@allerand.com E-mail address: (to be used for future annual report notification)	
C			
ror nir	rther information concerning this matter, ple	ase cair:	
	Kay Caliendo	_{at (} 561) 427-6776	
	Name of Contact Person	Area Code Daytime Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
	Enclosed is a check for the following amore Please make check payable to: FLORIDA \$130.00 Enclosed is a check for the following amore Please make check payable to: FLORIDA \$130.00 Enclosed is a check for the following amore Please make check payable to: FLORIDA \$130.00 Enclosed is a check for the following amore Please make check payable to: FLORIDA \$130.00 Enclosed is a check for the following amore Please make check payable to: FLORIDA \$130.00 Enclosed is a check payable to: FLORIDA \$130.00 Enclosed is	A DEPARTMENT OF STATE	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 13001 Asset Holdingco, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.") Delaware (Jurisdiction under the law of which foreign limited liability company is organized) _{6.} <u>675</u> W Indiantown Road 675 W Indiantown Road
(Street Address of Principal Office) Jupiter, FL 33458 Jupiter, FL 33458 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) COGENCY GLOBAL INC. Name: Office Address: 115 North Calhoun St. Suite 4 Registered agent's acceptance: Having heen named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as reg, 'cred agent.

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Richard Sabella Name: Manager × Manager Name: _____ Address: ____ 675 w Indiantown Rd Jupiter, FL 33458 Member Member Address: Authorized Authorized Person Person President X Other Other Other Other____ Manager Manager Name: ______ Member Address: Member Address: Authorized Authorized Person Person Other____ Other_ Other____ Other Manager Name: Manager Name: Address: Member Member Address: Authorized Authorized Person Person Other____ Other_ Other Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) 10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Typed or printed name of signee

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "13001 ASSET HOLDINGCO, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-NINTH DAY OF MARCH, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "13001 ASSET HOLDINGCO, LLC" WAS FORMED ON THE TWENTY-SEVENTH DAY OF FEBRUARY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 203032451

Date: 03-29-23